

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-048235

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318
FILED DEC 21 1962

Primary Registration District No.

1003

Registrar's No.

11902

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN St. Louis

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Luke's Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri COUNTY

c. CITY OR TOWN St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

4241 Harris Avenue

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Dessie

Middle

Raye

Last

Chappell

4. DATE OF DEATH

Month

December

Day

Year

1962

5. SEX

female

6. COLOR OR RACE

white

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4-25-1917

9. AGE (last birthday)

45

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done)

Housewife (If deceased was working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

A At Home

11. BIRTHPLACE (City and state or country)

Green County, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Cleveland Searcy

13b. MOTHER'S MAIDEN NAME

Ruth Benson

14. NAME OF HUSBAND OR WIFE

Robert A. Chappell

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Robert A. Chappell, 4241 Harris Avenue

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RESPIRATORY INSUFFICIENCY, SEVERE

INTERVAL BETWEEN ONSET AND DEATH

48 Hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

TUBERCULOUS PNEUMONIA, R.L.L.

72 Hours

DUE TO (c)

SPREAD FROM LEFT LUNG TBC., TOTALLY DESTROYED BY TBC.

10-12 YRS.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

THORACOTOMY, LEFT ABANDONED BECAUSE OF POOR CONDITION AT SURGERY

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☒ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

002.1

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased person

Death occurred at

12/3/62

9 PM 12/9/62

to 12/9/62

and last saw her

alive on 12/9/62

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Richard W. Gore M.D.

22b. ADDRESS

52 Maryland Plaza (8)

22c. DATE SIGNED

12/10/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal via Rail

23b. DATE

Dec. 12, 1962

23c. NAME OF CEMETERY OR CREMATORY

North View Cemetery

23d. LOCATION (City, town, or County)

Dublin, Georgia

(State)

24. FUNERAL DIRECTOR

Math Hermann & Son, Inc., 2161 E. Fair Ave
St. Louis, 7, Missouri

ADDRESS

25. DATE RECD. BY LOCAL REG.

DEC 12 1962

26. REGISTRAR'S SIGNATURE

Rosal Smith, M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Hyford E. Burnley

Licensed Embalmer No. 4202

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.